

# **Indonesia**

**Year 1  
Quarterly Report  
April 2011-June 2011**

**July 28th, 2011**

## Quarterly Overview

Reporting Country	Indonesia
Lead Partner	KNCV
Collaborating Partners	ATS, FHI, MSH, The Union, WHO
Date Report Sent	07/29/2011
From	MA Hamid Salim
To	USAID/Jakarta
Reporting Period	April-June 2011

Technical Areas	% Completion
1. Universal and Early Access	29%
2. Laboratories	35%
3. Infection Control	39%
4. PMDT	14%
5. TB/HIV	13%
6. Health Systems Strengthening	36%
7. M&E, OR and Surveillance	18%
8. Drug supply and management	18%
<b>Overall work plan completion</b>	<b>25%</b>

### Most Significant Achievements

During the third quarter of APA1 :

1. TB CARE 1 supported a project "Engaging Pulmonologists in DOTS" in 3 sites (Central Jakarta, East Jakarta and South Jakarta) in Jakarta. At present 23 pulmonologists are involved in this project. Their involvement resulted in diagnosis of 1,049 TB patients (893 Pulmonary TB patients (adult), 131 Extra-pulmonary TB and 25 TB in children). Further planning is to scale-up the same initiative through engaging 50 more pulmonologists.

2. TB CARE I supported and facilitated a workshop on "DOTS Hospital Accreditation" in Jakarta to develop draft DOTS accreditation standard/ guideline for hospitals. The guideline is now ready for printing and distribution.

3. TB CARE 1 supported a workshop to prepare implementation of GeneXpert on 13-14 June 2011 with assistance from PMU consultants. National Core group advisory team for GeneXpert Implementation has been formed. 5 sites for GeneXpert have already been assessed-12 other sites are planned for assessment in 4th quarter. 17 GeneXpert machine will be purchased and will be available in the country by the end of August to scale up PMDT.

4. Renovation of 2 labs (Jayapura and Semarang) to perform culture and DST and renovation of 3 hospitals of PMDT sites to improve the infection control measure and to provide hospitalization support for MDR TB cases are completed in this period.

5. By the end of June 2011, 392 MDR-TB cases were confirmed, 272 out of them were put on treatment with SLD. Still there are significant delays in initiation of treatment resulting in about 6% death before treatment and high rate of lost and refusal of treatment. These important issues are taken in to consideration to look in depth for the possible reasons and actions for solutions.

6. TB CARE 1 supported a workshop on the development of an Advance Course on DOTS Acceleration training Curricula and Guidelines. This training is important to scale up the management capacity of TB supervisors.

7. TB CARE 1 supported the coordination meeting of TB-HIV program in prisons, attended by Ministry of Law and Human Rights, NTP, NAP and FHI.

8. TB CARE I assisted NTP to finalizing narrative, quantification and explaining justification to Global Fund (GF) Local Fund Agent regarding the Procurement and Supply Management Plan Round 8 Phase 2 and Round 10 with TA from Andy Marsden (MSH consultant) and custom clearance process for Second line TB drugs. The drugs were released on 13 June 2011.

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**Overall work plan implementation status**

The overall project implementation is behind the schedule. After having official approval during the last week of June implementation process has been speeding up. However, since the project period will end by September 2011, there will be significant unspent funds and activities. The mission agreed to carry forward unfinished funds and activities to APA2.

**Technical and administrative challenges**

- Recruitment delayed in several important positions lead to limited progress in planned activities
- Approval for new sub-agreements is pending and thus delayed disbursement of funds to some partners.

## Quarterly Technical Outcome Report

	2010*	2011**
Number of MDR cases diagnosed	182	176
Number of MDR cases put on treatment	142	110

\* January - December 2010    \*\* January - June 2011

Technical Area		1. Universal and Early Access						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Reaching Risk Populations	Prisons implementing routine TB screening to all new inmates	Proportion of prison with routine screening among new inmates implemented divided by all prisons supported by TBCARE	NA	5 of 55		Coordination with Ministry of Law and Human Rights has been established as a start up point for TB in prison activities	Strengthen the mechanism of TB screening to all new inmates and conduct monitoring and mentoring in supported prisons
2	Engaging local communities	HIV+ screened for TB	Proportion of HIV+ screened for TB among HIV+ attended cases in supported provinces	60%	60%		The implementation of TB screening among HIV+ is in progress in selected and trained health centers	Continue the monitoring and mentoring in implementation of TB screening among HIV + as well as recording and reporting in selected health centers
3	Engaging all provider	Hospitals and lung clinics implementing DOTS	Proportion of hospitals and lung clinics implementing DOTS in TBCARE supported areas	113/293 (KNCV) 6/18 (ATS)	118/293 18/60		-TB CARE supported in Monitoring and Evaluation in 3 sites (Central Jakarta, East Jakarta and South Jakarta) in Jakarta province. There are 1049 patients reported comprising 893 Pulmonary TB patients (adult), 131 Extrapulmonary TB + and 25 TB on children) - The PPM coordination meeting has been conducted for National level, DKI and West Java Province as pilot areas of PPM - TB CARE I supported and facilitated a workshop on DOTS Hospital Accreditation in Jakarta to develop draft DOTS accreditation standard/ guideline for hospital	The project will be continued and up to 50 pulmonologists will be added, 9 among 18 private practices already involved in this project, which are expected soon to be DOTS hospital/clinic. 7 from 18 private practice laboratories involved in this project are expected to be trained soon, more training needed to help HCWs understand ISTC implementation, especially regarding R&R.

Technical Area		2. Laboratories						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Strengthened lab network and QA for smear microscopy labs	Quality assured laboratories for SS microscopy	Proportion of laboratories which participate external quality assurance (cross-check and panel testing) for smear microscopy examination in TBCARE supported areas	NA	60%		- TBCARE supported meeting to prepare documents for LQAS workshop on 30 June - 01 July 2011 in Jakarta, participated by NTP, BPPM, TB Lab WG, KNCV and Provincial wasor supervisor from 4 provinces implementing LQAS. The result of this workshop was that the finalization of workshop material (modules) and technical guidance for LQAS training/workshop implementation.	Next steps : carry out final review and editing by NTP/BPPM on the LQAS training modules and technical guidance and to conduct LQAS National workshop
2	Strengthened lab network and QA for culture and DST	C/DST quality assured labs	Number of reference laboratories that are quality assured by SNRL for culture, and DST	5	5		- Handing over and opening ceremony of the new TB lab in BLK Jayapura and BLK Semarang have been done on 15 and 21 June 2011 respectively. - Richard Lumb, the TBCAP laboratory consultant from IMVS, provided TA to 12 labs on 09-27 May 2011.	- prepare the two labs (BLK Jayapura and BLK Semarang) to receive EQA panel test for culture/DST -finalize mission report of Richard Lumb and submit to the relevant institution.
3	New diagnostic tools implemented and integrated into lab network	New diagnostic tools implementation	Number of health facilities implement the new diagnostic tools: GeneXpert; at least one in PMDT site	0	13	0	- TB CARE I support workshop to prepare implementation of GeneXpert on 13-14 June 2011 - The Hain Test Operational Research phase-2 is in progress and there is a plan of using geneXpert to speed up the diagnosis of MDR TB.	- process the procurement of GeneXpert and prepare all supporting documents to fulfill local requirement - Untrained laboratory technician in the new diagnositic tools for MDR TB. Next step will be capacity building when the equipments have been procured

Technical Area		3. Infection Control						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Improved TB-IC in PMDT sites	PMDT sites with QA assured TBIC	Number of PMDT sites where TB infection control assessment has been completed and a plan has been implemented according to international standards	2	5	5	Renovation of Saiful Anwar hospital (Malang), Labuang Baji hospital (Makassar) and Muwardi hospital (Solo) completed	
2	Improved TB-IC in specific settings	Prisons with TB-IC implemented	Proportion of prisons where TB infection control assessment has been completed and a plan has been implemented according to international standards	NA	5 of 55		This activity is planned to be conducted in Q4	The preparation for TB-IC assessment will be conducted in August 2011
3	Improved TB-IC Implementation	Health facility with TB-IC implemented	Number of health facilities (hospitals and PHCs) implementing minimal TB IC package	7	10		Renovation of four HCs in Solo has been completed	continue to renovate health centers in 5 sites (Malang, Makasar, Solo , East Jakarta and Surabaya

Technical Area		4. PMDT						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Diagnostic (Lab)	Number of MDR-TB suspects tested by DST	Number of MDR-TB suspects tested by DST among number of MDR TB suspects (should be in absolute number)	300	2100	1265	During this period 105 suspects found (cummulatively 1265 suspects)	Limited number of PMDT sites. The next step is scaling up expansion of PMDT based on the PMDT National Work-plan. Updated PMDT guidleines Book-1 has been completed, the book-2 is in progress.

2	Treatment (scale up plan)	Number of MDR-TB received for treatment	Number of MDR-TB patients received for SLDs treatment among identified MDR-TB patients by DST (should be in absolute number)	100	700	272	Among 392 confirmed cases of MDR-TB, 272 were on treatment with SLD, 36 were pre-enrolled, 9 were excluded, 25 died before treatment, 14 lost before treatment and 36 refused to treatment	Limited number of PMDT sites. The next step is scaling up expansion of PMDT based on the PMDT National Work-plan. Updated PMDT guidelines Book-1 has been completed, the book-2 is in progress.
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Technical Area		5. TB/HIV						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Strengthening TB/HIV collaborative mechanism	TWG in provincial level is available	Number of TWG established in provincial level ; at least 1 time a year and documentation	1	2		TWG meeting has been conducted in Central Java. Other coordination format has been maintained in other provinces. Monitoring has been conducted in Riau Islands	Continue the TWG meeting in other provinces
2	Decreased TB burden among PLHIV	TB treatment among PLHIV with TB	Number of PLHIV treated for TB among all PLHIV enrolled in HIV care (in absolute number)	30%	30%		Provide technical assistance in selected health centers in finding of PLHIV with TB Suspect and treat the PLHIV diagnosed TB	Continue to provide monitoring and mentoring to health staff in finding TB among PLHIV
3	Decreased HIV burden among TB patients	TB patient with HIV co-infection received CPT	Percentage of all registered TB patients who are tested for HIV in TB CARE supported areas	10%	10%		Provide technical assistance in selected health centers to give CPT to TB patient with HIV co-infection	Continue to provide monitoring and mentoring in implementation of giving CPT among TB patients with HIV co-infection

Technical Area		6. Health Systems Strengthening						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target	Result	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
					Y1	Y1		
1	Increased Political commitment	Government funding for TB	Number of districts showing an increase in TB funding compared to previous year	NA	20		The consensus workshop for TB CARE APA 2 will be conducted in July 2011	










<b>2</b>	Strengthened leadership and management	Districts with staffs trained in leadership and management	Number of districts trained in leadership and programme management	NA	8		the proposed activity will be carry forwarded to APA 2	
<b>3</b>	Strengthened HR Capacity	Provinces with Provincial Training Plan	Percentage of provinces with provincial training plan on TB related issues (DOTS, PDMT, TB-HIV, surveillance etc) from all sources of funding	NA	10%		TB CARE I supported Workshop on development of ACDA training Curricula and Guidelines held in Jakarta on 13-17 June 2011	The development of ACDA training modules will be held in July 2011

<b>Technical Area</b>		<b>7. M&amp;E, OR and Surveillance</b>						
<b>Expected Outcomes</b>		<b>Outcome Indicators</b>	<b>Indicator Definition</b>	<b>Baseline</b>	<b>Target Y1</b>	<b>Result Y1</b>	<b>Highlights of the Quarter</b>	<b>Challenges and Next Steps to Reach the Target</b>
<b>1</b>	M and E	National TB CARE money meeting conducted	Number of National TB CARE money meeting conducted	2	2		KNCV conducted an internal meeting with objectives: to give an update of the organization structure system, personnel, administration and finance guideline for TB CARE, to socialize and disseminate the TB CARE APA 1 Work Plan, to gather the inputs from all staffs in regards APA 2 Work Plan identification. The outcomes of this meeting are detailed implementation plan of APA1 and identified activities to be proposed in APA2.	The updated personnel and administration manual will be disseminated to all KNCV staff












<b>2</b>	Surveillance and Information	- DRS plan finalized - TB Prevalence Surveys protocol finalized	- National DRS plan (with sentinel sites, sampling size/ methodology of new cases etc) and specific protocol for each site - National Protocol of TB Prevalence Surveys finalized (with sampling methodology and size, screening strategy, preparation plan etc)	NA	No		Mission of Nico Kalisvaart on 25 May - 3 June 2011 to provide technical assistance and to advise on the next steps of the further development of the national surveillance system and data management. Next Steps: Work out the Development Plan, Organize a workshop with experts representing all levels (facility, district, province, national) of TB control and other experts (WHO, FHI, MSH etc) to discuss and define the goal, objectives and strategy; Appoint the Technical Working Group and the project coordinator; Conduct field visits to get as much as possible input and involvement from the field level; Use of eTB Manager MSH for MDR-TB patients; Propose next mission in September 2011	Organize a stakeholders meeting/workshop in September 2011 with experts representing all levels (facility, district, province, national) of TB control and other experts (Center for Data and Information/ MoH, WHO, FHI, etc) to discuss and define the goal, objectives and strategy
<b>3</b>	Strengthening TB research network	Province OR team trained	Number of provinces OR team participated in OR workshop and conducting operational research	24	27		Three provinces OR team will be trained and participated in OR workshop in Q4	conduct the OR workshop in August 2011
<b>4</b>	Supported operational research projects in the priority topics	Prioritized operational research conducted	Number of studies done and published or presented at international conferences	35	40		TB CARE I supported NTP in calling for proposal to OR team in the provinces (both provincial health office and university). The expected topics of the research are : 1. Enhance program expansion 2. Improvement of care 3. Management of program	Challenge remaining in obtaining proposal which meets the requirement of TB program






Technical Area		8. Drug supply and management						
Expected Outcomes		Outcome Indicators	Indicator Definition	Baseline	Target Y1	Result Y1	Highlights of the Quarter	Challenges and Next Steps to Reach the Target
1	Uninterrupted supply of quality TB drugs and commodities	Drug supply	Proportion of districts reporting no stock-out of first-line anti-TB drugs (category 1, category 2 and pediatric) on the last day of each quarter in supported TB CARE area	75%	100%		Assisted NTP in finalizing narrative, quantification and explaining justification to Global Fund (GF) Local Fund Agent regarding the Procurement and Supply Management Plan Round 8 Phase 2 and Round 10 with TA of Andy Marsden (MSH consultant)	Revise the PSM plan regarding the GF performance framework (from CDR to CNR)
2	Improved DMIS	Drug management capacity	Proportion of districts with staff trained in logistic management (including DMIS) in supported TB CARE area	62%	70%		Facilitated two logistic trainings funded by GF in Makasar and Lampung and one national logistic training in West Java, participated by all district TB supervisors and pharmacists	Continue support NTP to facilitate Logistic training

## Quarterly Activity Plan Report





Outcomes	1. Universal and Early Access		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
	1.1.1	Improve DOTS in 4 low performance provinces	WHO	39,550	 0%	Aug	2011	plan to be recruited in next quarter.
	1.1.2	Socialization visits to provinces and districts with low performance.	WHO	17,207	 0%	Sep	2011	only one province has been completed, another one is carried over due to time constraint
	1.1.3	MIFA trainings and follow up supervision.	WHO	42,375	 0%	Sep	2011	plan to be implemented in next quarter.
	1.1.4	Internal TA for Universal Access activities	WHO	39,293	 75%	Sep	2011	National Consultant is in place.
	1.1.5	General Office Expenditures	WHO	79,870	 0%	Sep	2011	plan to be implemented in next quarter.
	1.1.6	Technical Expert for providing comprehensive technical assistance to provinces and districts in 4 low performance provinces.	WHO	38,138	 0%	Sep	2011	plan to be implemented in next quarter.
	1.1.7	Support DOTS expansion in underserved areas	KNCV	64,134	 50%	Sep	2011	<p>TB CARE I provided technical assistance to Papua particularly in supervision and On the Job training to 12 health centers in 10 districts, 3 hospitals and TB patient shelter in Yasumat Foundation (Papua based NGO). The technical officers (TO) also facilitated M &amp; E activity and data validation in Jayawijaya district.</p> <p>In West Papua, the TO facilitated in M&amp;E activity and assisted planning for district and province for FY 2011/2012. The TO also assisted M&amp;E meeting in 8 districts of West Papua.</p> <p>In general, the health facilities visited show good progress but there is still some challenges in case management such as low detection of TB patient</p>










## Reaching Risk Populations

1.1.8	Coordination meeting of TB-HIV program in prisons	FHI	3,387	 100%	Jun	2011	-TB CARE supported the coordination meeting of TB-HIV program in prisons, attended by 21 participants from MoLHR, NTP, NAP and FHI. The result were to select 10 prisons with already conducted TB and HIV program in place (including 7 prison model supported by HIV Cooperation Program for Indonesia - HCPI), use inmate leader, peer educator and support group to help the program being delivered to inmates; need coordination meeting for mapping each partner contribution in prison as not to overlap between one another  -2 Xpert units will be placed in prison system to help detect TB in HIV positive inmates but the place still TBD
1.1.9	Socialization of TB-HIV program in prisons	FHI	33,326	 0%	Jul	2011	The activity will be implemented in July 2011
1.1.10	TB-HIV Officer - Prisons	FHI	17,543	 50%	Sep	2011	Done (the person was hired in April 2011; see financial report)
1.1.11	Workshop on TB-HIV IEC material for prisons	FHI	1,863	 100%	Jun	2011	Discussion was held in focus group discussion method with prison staff and inmates. Number of participants: 55 people divided into 2 discussion groups. Discussion result: smaller size brochure so it will easier to carry, bright colour including green-yellow-orange, pictures using model so it will virtually feel real, easy to read font and understandable language for non medical or low education inmates
1.1.12	Sub-agreement with HIV NGOs	FHI		 0%			This activity has been decided to be deferred to APA2 before the submission of APA1 work plan
1.1.13	Sub-agreement with TB NGOs	FHI	29,423	 0%	Sep	2011	The activity will be implemented in September 2011
1.1.14	Program Manager and supporting staff	FHI	92,820	 25%	Sep	2011	The selection of Program Manager is still on going. The remaining budget is for supporting staff
1.1.15	General Office Expenditures	FHI	41,788	 50%	Sep	2011	The activity is on going
1.2.1	Advocate existing NGOs to expand community based DOTS and provide technical assistance.	WHO	10,273	 0%	Sep	2011	only one province has been completed, another provinces will be carried over due to time constraints
1.2.2	Developing IEC material for prison	FHI		 0%	Jun	2011	This activity has been already cancelled before the submission of APA1 work plan
1.2.3	Finalizing IEC material for prison	FHI	1,815	 0%	Aug	2011	The activity will be conducted in Q4



Engaging local communities	1.2.4	Printing IEC material	FHI	1,500	 0%	Sep	2011	The activity will be conducted in Q4
	1.2.5	Clinical mentoring & program monitoring to 10 prisons	FHI	4,500	 0%	Sep	2011	The activity will be conducted in Q4
	1.2.6	Sub-agreement with local NGO for work on TB & HIV in prisons in Jakarta	FHI	36,284	 0%	Sep	2011	The activity will be conducted in Q4
	1.2.7	Implementation TB & HIV in 10 prisons in Java	FHI	32,355	 0%	Sep	2011	The activity will be conducted in Q4
	1.2.8	TB/HIV workshop for prison health staffs	FHI	15,714	 0%	Aug	2011	The activity will be conducted in Q4
	1.2.9	PITC training for prison health staffs	FHI	22,290	 0%	Aug	2011	The activity will be conducted in Q4
	1.2.10	Training on Recording & reporting system for 10 prisons	FHI	14,962	 0%	Aug	2011	The activity will be conducted in Q4
	1.2.11	Consultant for IEC material	FHI	4,472	 0%	Sep	2011	The activity will be conducted in Q4
	1.2.12	Technical officers	FHI	121,253	 25%	Sep	2011	The activity is still on going
	1.2.13	General Office Expenditures	FHI	54,078	 25%	Sep	2011	The activity is still on going
	1.3.1	Training of supervisory skills to HDL supervisors.	WHO	33,772	 0%	Dec	2011	The activity is carried over due to time constraint
	1.3.2	Quarterly periodic visit by HDL supervisors to assist hospitals deliver quality services.	WHO	4,494	 0%	Feb	2012	The activity is carried over due to time constraint
	1.3.3	Develop National PPM action plan	KNCV	50,182	 100%	Mar	2011	The PPM action plan has been included in National TB Strategy and launched on World TB Day , 24 March 2011.
	1.3.4	Develop National PPM working group	KNCV	4,547	 25%	Sep	2011	Discussion to established PPM provincial level in selected provinces has been done and planned to be implemented after preliminary assesment.
	1.3.5	Preliminary assessment of PPM in two provinces	KNCV	7,750	 50%	Aug	2011	The Term of Reference and assesment method has been finalized. The assessment will be conducted in Q4.
	1.3.6	Coordination meeting to prepare the implementation of PPM	KNCV	7,125	 50%	Sep	2011	TB CARE and Central Java PHO has been finalizing the TOR for coordination meeting for Lung Clinics in Central Java to accelerate the DOTS strategy and PPM planning




Engaging all  
provider

1.3.7	Workshop for developing PPM workplan in provincial level	KNCV					This activity has been already cancelled before the submission of APA1 work plan
1.3.8	Establish provincial PPM working group	KNCV					This activity has been already cancelled before the submission of APA1 work plan
1.3.9	Supervision to pilot provinces by PPM working group	KNCV					This activity has been already cancelled before the submission of APA1 work plan
1.3.10	HDL/PPM working group meeting	KNCV	3,463	 100%	May	2011	TB CARE I facilitated the coordination meeting for national level between NTP and Medical Services, MoH. The purpose of the meeting are : - to have same understanding and perception - develop draft PPM working group - develop workplan up to September 2011 The same meeting was also conducted in province level in DKI and West Java Province as pilot areas of PPM
1.3.11	Support maintenance and expansion of hospital DOTS	KNCV	20,711	 50%	Sep	2011	- TB CARE I supported in HDL through technical assistance of 6 technical officers in 6 provinces (West Sumatra, Jakarta, West Java, Jogjakarta, East Java and Central Java) to 36 hospitals  - TB CARE I provided TA in supervision to one of hospital in West Java  - TB CARE I supported coordination meeting on workplan with East Java provincial health office on 11 May 2011  - TB CARE I supported coordination meeting to prepare PPM implementation with DKI PHO and other stake holder i.e PPTI, Health Insurance Company and Indonesian Medical Association on 30 May 2011  - TB CARE I supported HDL evaluation meeting for Kota Cimahi and Kota Bekasi (West Java province) and to determine the districts for PPM pilot site in West Java
1.3.12	Develop PPM assessment tools	KNCV	19,305	 50%	Sep	2011	the assesment tools has been drafted on June 2011, in coordination with NTP.
1.3.13	Develop PPM model	KNCV					This activity has been already cancelled before the submission of APA1 work plan
1.3.14	Develop Hospital accreditation instrument	KNCV	19,986	 75%	Sep	2011	TB CARE I supported and facilitated workshop on DOTS Hospital Accreditation in Jakarta to develop draft DOTS accreditation standard/ guideline for hospital, set up by Sub Directorate of Accreditation, Indonesia Hospital Accreditation Commission team, Indonesian Hospital Association.








<b>1.3.15</b>	Develop standard of TB care in hospital	KNCV	14,190	 0%	Sep	2011	cancelled by NTP, there is funding allocated from GF due to late approval of TB CARE
<b>1.3.16</b>	Training for TB DOTS accreditation surveyors	KNCV	23,438	 0%	Sep	2011	cancelled by NTP, there is funding allocated from GF due to late approval of TB CARE
<b>1.3.17</b>	Try out of TB DOTS accreditation instrument.	KNCV	3,392	 0%	Sep	2011	cancelled by NTP, there is funding allocated from GF due to late approval of TB CARE
<b>1.3.18</b>	Workshop for hospital DOTS in 8 provinces	KNCV					This activity has been already cancelled before the submission of APA1 work plan
<b>1.3.19</b>	Internal linkage monitoring and evaluation meeting in hospitals	KNCV	11,455	 50%	Sep	2011	TB CARE I supported the internal linkage meeting activity in selected Hospital for West Java, East Java, DKI, West Sumatera and Central Java.
<b>1.3.20</b>	External linkage meeting in cluster	KNCV	23,125	 50%	Sep	2011	The preparation and Term of Reference to conduct external meeting in cluster has been finalized.TB CARE I will support and facilitate the external linkage meeting for Pemalang, Susisik, Kediri, and Semarang in July 2011
<b>1.3.21</b>	Develop training module for medical specialists	KNCV	7,568	 25%	Aug	2011	Preparation to develop the training module has been completed and plan to conduct the workshop on develop training module for medical specialists on August 2011.
<b>1.3.22</b>	Conduct monitoring and evaluation of initial project in engaging the pulmonologists	ATS	46,194	 100%			TB CARE I supported in Monitoring and Evaluation meeting in April 2011 for 3 sites (Central Jakarta, East Jakarta and South Jakarta) in Jakarta province, participated by Pulmonologists, ATS, PDPI, DKI Jakarta Provincial Health Office, NTP, PMU TB CARE, UNDP, representatives from private hospitals/clinics involved in this project, and WHO Indonesia.
<b>1.3.23</b>	Develop scale up project to increase engagement of private sector	ATS	160,301	 50%			23 private sector providers reported 1049 patients including 893 pulmonary patients, 31 extra pulmonary patients and 25 children
<b>1.3.24</b>	Workshop on ISTC	KNCV	11,032	 0%			cancelled by NTP, there is funding allocated from GF due to late approval of TB CARE









	1.3.25	International TA	KNCV	42,789	 100%	Apr	2011	<p>TB CARE I provided TA through Jan Voskens' mission with objectives :</p> <ol style="list-style-type: none"> <li>1. Formulate a response on TRP (Technical Review Panel) clarifications of GF R10 proposal after initial response</li> <li>2. Help with LFA assesment of R8 phase 2 and R10 and preparing required documents first grant negotiation scheduled for june 2011</li> <li>3. Support finalization of the draft RAN for PPM including the translation</li> <li>4. Developing the manuscript " handbook of Global TB Control and prevention"</li> </ol>
					 29%			






Outcomes	2. Laboratories		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
	2.1.1	Development of Microscopic SOP according to TBCAP lab tools	KNCV	5,633	 0%			to be carried forwarded to APA 2 due to limited time for implementation
	2.1.2	Finalization of Microscopy training module	KNCV	3,139	 100%	Feb	2011	The activity was implemented, in Jakarta for 3 days, 16-18 February 2011 with 14 participants from KNCV, lab Working Group, Medical Service and NTP
	2.1.3	LQAS workshop for East Java province	KNCV	20,932	 0%			cancelled, to be implemented by JATA in APA2


Strengthened  
lab network  
and QA for  
smear  
microscopy  
and TB-HIV  
labs













2.1.4	National LQAS Workshop (TOT LQAS)	KNCV	27,672	 25%	Sep	2011	<p>- Participated in LQAS meeting to prepare LQAS workshop on 2-4 May 2011 in Jakarta. This meeting was attended by NTP, BPPM, TB Lab WG, KNCV and Provincial supervisors from 4 provinces implementing LQAS. The output of this meeting was lesson learned from 4 LQAS pilot projects, input for next LQAS workshop and development of 4 small groups to develop/update LQAS documents</p> <p>- TBCARE supported meeting to prepare documents for LQAS workshop on 30 June - 1 July 2011 in Jakarta, attended by NTP, BPPM, TB Lab WG, KNCV and TB Provincial supervisor from 4 provinces implementing LQAS. The result of this workshop was the finalization of workshop material (modules) and technical guidance for LQAS training/workshop implementation.</p>
2.1.5	LQAS workshop in 2 new provinces	KNCV	48,335	 0%			to be carry forwarded to APA 2 due to limited time for implementation
2.1.6	Supervisory visit	KNCV	9,682	 50%	Sep	2011	<p>- TBCARE supported supervision to monitor TB microscopic EQAS (External Quality Assurance System) activities and implementation of TB microscopic EQAS guideline in province :</p> <ul style="list-style-type: none"> <li>- Jambi on 13-15 April 2011</li> <li>- Bengkulu on 19-21 April 2011</li> <li>- Central Sulawesi on 12-14 May 2011.</li> <li>- Central Kalimantan on 30 May-2 June 2011</li> <li>- South Kalimantan on 21-24 June 2011</li> </ul> <p>Result: report and recommendation to improve implementation of TB Microscopic EQAS in the those provinces</p>
2.1.7	Training smear microscopy for lab technician in selected hospitals	KNCV	25,641	 0%			cancelled by NTP, there is funding allocated from GF due to late approval of TB CARE
2.1.8	TB Lab Working Group meeting	KNCV	3,235	 100%	Feb	2011	coordination meeting was conducted in Jakarta for 3 days ( 23-25 Feb ), 14 participants attend, coming from lab Working group, Medical Service MOH , and NTP.
2.1.9	Provide AFB microscopic panel testing to provincial labs in 7 new provinces and intermediate labs in 3 provinces	KNCV	5,682	 100%	Apr	2011	Preparation and distribution of AFB microscopic panel test to 7 new provinces have been done on 28-29 April 2011
2.1.10	Support TB Lab Working Group (LWG) secretariat	KNCV	3,977	 50%	Aug	2011	There was proposal for equipments for office utilities and it is still in progress.
2.1.11	Support BPPM (lab directorate-MoH)	KNCV					This activity has been already cancelled before the submission of APA1 work plan




<b>2.1.12</b>	Establish intermediate laboratory in 3 provinces	KNCV	9,455	 0%			to be carry forwarded to APA 2 due to limited time for implementation
<b>2.1.13</b>	On the Job Training (OJT) for microscopic	KNCV	14,493	 50%	Jul	2011	the Term of Reference, list of participant and facilitator has been finalized.
<b>2.1.14</b>	EQAS TB-HIV in Papua & West Papua	FHI	8,400	 0%	Sep	2011	The activity will be implemented in Q4
<b>2.1.15</b>	National Lab Technical Officer (50% of time)	FHI	10,781	 50%	Sep	2011	The activity is on going
<b>2.2.1</b>	Strengthen capacity of NTP and lab staff	WHO	19,775	 0%	Sep	2011	plan to be recruited in next quarter.
<b>2.2.2</b>	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	3,390	 0%	Dec	2011	Plan to be carried out in APA 2 due to time limitation.
<b>2.2.3</b>	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	18,106	 0%	Sep	2011	plan to be implemented in next quarter
<b>2.2.4</b>	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	10,170	 0%	Sep	2011	Plan to be carried out in APA 2 due to time limitation.
<b>2.2.5</b>	Provide EQA panel test for DST	KNCV	23,864	 50%	Sep	2011	Prepare the EQA panel test for DST and plan to be implemented on August 2011
<b>2.2.6</b>	Develop culture/DST SOP according to TBCAP lab tools	KNCV	5,677	 0%			to be carry forwarded to APA 2 due to limited time for implementation
<b>2.2.7</b>	Finalization of culture/DST guideline	KNCV	5,677	 0%			to be carry forwarded to APA 2 due to limited time for implementation








Strengthened lab network and QA for culture and DST	2.2.8	Lab Renovation	KNCV	107,952		100%	Apr	2011	<p>- TBCARE supported TB lab renovation in BLK Jayapura and BLK Semarang.</p> <p>Supervision by World Biohaztec and KNCV on TB Lab renovation in BLK Jayapura was conducted on 3-5 April and 26-28 April 2011 while for BLK Semarang was conducted on 06 &amp; 25 April</p> <p>Final testing and commissioning for both TB labs in May 2011</p> <p>- Handing over and opening ceremony of the new TB lab in BLK Jayapura and BLK Semarang have been done on 15 and 21 June 2011 respectively.</p> <p>Participants: MoH, Provincial Health Office, World BioHaztec &amp; KNCV</p>
	2.2.9	Improve capacity of QA culture and DST	KNCV	55,059		25%	Sep	2011	<p>TB CARE I provided TA through Richard Lumb's mission to 12 labs including BLK Semarang, Microbiology FMUI, BLK Jayapura, BLK Bali, Sanglah Hospital, Cipto Mangunkusumo hospital, BLK Manado, BP-4 Surabaya, BP-4 Madiun, TDC Lab, Soetomo hospital, and Saiful Anwar Hospital on 9-27 May 2011.</p> <p>The results are :</p> <p>(1) Proposed RS Sanglah to be candidate of next Reference Lab for culture and DST in Bali</p> <p>(2) 1322 out of 1803 East java DRS samples has been completed for DST. Tentative MDR TB is 2.8%.</p> <p>(3) On the Job Training for BLK Semarang and BLK Jayapura to prepare these two labs for EQA panel test.</p> <p>(4) Dr Soetomo hospital's laboratory is the best potential for future East Java's Provincial reference lab.</p>
	2.2.10	Maintenance/Calibration of BSCs	KNCV	27,273		50%	Sep	2011	Bidding process phase.
	2.2.11	Procurement of critical equipments and consumables for culture & DST	KNCV						This activity has been cancelled before the submission of APA1 work plan
	2.2.12	Training/OJT for culture/DST	KNCV						This activity has been cancelled before the submission of APA1 work plan
	2.2.13	Supervision/assessment for expansion of culture/DST labs	KNCV	7,705		50%	Sep	2011	The TOR and selected provinces to be visited has been decided. Planned to be implemented August to september 2011.
	2.2.14	Support National Lab Reference	KNCV	34,091		25%			TBCARE supported meeting to develop decree for appointment of National TB Reference labs on 07 April 2011 in Jakarta. Participants: NTP, BPPM, TB Lab WG; KNCV Result: Final draft decree for appointment National TB Reference labs
	2.2.15	International TA	KNCV	69,140		50%			Richard Lumb, the laboratory consultant from IMVS, provided TA to NTP on 9- 27 May 2011






New diagnostic tools implemented and integrated into lab network	2.3.1	HAIN test study phase 2	KNCV	70,381	 50%	Sep	2011	HAIN test study phase 2 is in progress. Samples enrollment continues. Total 123 samples from Persahabatan hospital and Soetomo hospital have been received by Microbiology FM UI.
	2.3.2	HAIN test for SLD	KNCV	29,622	 50%	Sep	2011	146 rifampicin-resistant isolates to be evaluated for 2nd line Hain test study. - Most will be MDR-TB - 97 isolates from Phase-I Hain - 49 isolates from PMDT site in Jakarta 60 isolates have already been tested for SL-DST using MGIT960 (Ofloxacin, kanamycin, and amikacin)
	2.3.3	HAIN study phase 1 sequencing	KNCV	3,000	 50%	Sep	2011	Sequencing for Hain study phase 1 is in progress
	2.3.4	Procurement of GeneXpert	KNCV	280,500	 50%	Sep	2011	TB CARE supported workshop to prepare implementation of GeneXpert on 13-14 June 2011. Participants: NTP, BPPM, Lab WG, PMDT WG, TORG, UI, UNPAD, Persahabatan Hospital, BLK Bandung, FHI, USAID, KNCV, and PMU. Result: (1) Planning and strategy for implementation of Gene Xpert has been socialized to the stakeholder. (2) Country geneXpert Advisory Team (CGAT) has been established. (3) Site selection has been discussed and almost final. (4). Implementation steps have been developed
					 35%			

Outcomes	3. Infection Control		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
	3.1.1	Renovation of Saiful Anwar hospital and selected health centers in Malang	KNCV	21,000	 75%	Jun	2011	Renovation in Syaiful Anwar is completed and renovation of HCs is 75 % complete

Improved TB-IC in PMDT sites	3.1.2	Renovation of Labuang Baji hospital and selected health centers in Makassar	KNCV	24,864	 75%	Sep	2011	Hospital as responsible partner reported that renovation of hospital was complete. Renovation for HC not started yet.
	3.1.3	Renovation of Muwardi hospital and selected health centers in Solo	KNCV	51,000	 100%	Apr	2011	Renovations in Moewardi were completed and already functioning. Renovation in 3 HCs was completed, all partners satisfied in quality. There is additional one HC in Sukoharjo district to be renovated, expected to be completed by end of Q4
	3.1.4	Renovation of selected health centers in East Jakarta and Surabaya	KNCV	18,000	 50%	Sep	2011	TA by PMDT team and engineering consultant to selected HC in Surabaya (5 HC) conducted in first week and fourth week of May. Design provided by engineer accepted by DHO and HC. TA by PMDT team and engineering consultant to selected HC in Jakarta (5 HC) conducted in second week of June. Design provided by engineer will be presented and discussed with PHO, DHO and HC in first week of July.
Improved TB-IC in specific settings	3.2.1	Workshop on TB-IC in prisons	FHI		 0%	Sep	2011	This activity has been cancelled before the submission of APA1 work plan
	3.2.2	Logistic for infection control	FHI	7,500	 0%	Aug	2011	The activity will be implemented in Q4
	3.2.3	Developing TBIC M&E system for prison	FHI	617	 0%	Aug	2011	The activity will be implemented in Q4
	3.2.4	TBIC assessment	FHI	1,050	 0%	Sep	2011	The activity will be implemented in Q4
	3.2.5	Program Officer	FHI	39,498	 50%	Sep	2011	The activity is progress
	3.2.6	General Office Expenditures	FHI	27,039	 50%	Sep	2011	The activity is progress
Improved TB-IC implementation	3.3.1	Formation of IC TB working group	KNCV	7,701	 25%	Aug	2011	Health Service and TB CARE will organize meeting to develop ad hoc IC TB Working group. This group will be a part of National Infection Control
	3.3.2	Support TB-IC working group	KNCV	6,151	 25%	Sep	2011	The ad hoc TB IC group together with International Consultant plan to conduct field visits in selected provinces to get inputs from field for IC guidelines development.
	3.3.3	Support revision of TB-IC managerial and technical guidelines.	KNCV	9,858	 25%	sep	2011	The preparation for this activity has been discussed informally with the Health Service MoH and plan to be conducted while Hans Mulder (International Consultant for IC ) visits in September 2011

	3.3.4	Meeting to develop TB-IC regulation.	KNCV	6,449	 25%	sep	2011	The preparation for this activity has been discussed informally with the Health Service MoH and plan to be conducted while Hans Mulder (International Consultant for IC ) visits in September 2011
	3.3.5	International TA	KNCV	24,289	 25%	sep	2011	The consultant plans to visit Indonesia on 5th to 21st September 2011.
					 39%			












Outcomes	4. PMDT		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
Diagnostics (Labs)	4.1.1	TA on incorporation of new rapid diagnostics in national PMDT	WHO	10,170	 0%	Dec	2011	Plan to be carried out in APA 2 due to time limitation.
	4.1.2	PMDT expansion activities in provincial level	KNCV	5,306	 25%	Sep	2011	TA and assessment conducted in DI Yogyakarta province by National team (NTP, KNCV, WHO) in first week of April. Sardjito hospital is appointed as treatment center.
	4.1.3	Provincial level preparation activities	KNCV	7,886	 100%	May	2011	- TA conducted in Central Java province by National team (NTP, KNCV, WHO) in second week of April. Central Java PHO has a plan to expand PMDT coverage within province by selecting some hospitals as sub treatment site candidates - TB CARE I supported Clinical Consultancy meeting on PMDT in Jakarta on 23-24 May 2011
	4.1.4	PMDT Preparation meeting at hospital	KNCV	1,527	 0%	Sep	2011	to be implemented in Q4
	4.1.5	PMDT Preparation meeting in district level	KNCV	4,729	 0%	Sep	2011	to be implemented in Q4
	4.2.1	Support the expansion and quality improvement of PMDT	WHO	37,752	 0%	Sep	2011	plan to be recruited in next quarter.
	4.2.2	Pre assessment meeting	WHO	5,008	 0%	Oct	2011	Plan to be carried out in APA 2 due to time limitation.

4.2.3	Assessment to newly selected sites (6 sites)	WHO	11,557	 0%	Nov	2011	Plan to be carried out in APA 2 due to time limitation.
4.2.4	Follow up assessment for expansion to 4 new PMDT sites	WHO	7,705	 0%	Sep	2011	The activities will be conducted in September 2011
4.2.5	Post assessment meeting	WHO	18,902	 0%	Dec	2011	Plan to be carried out in APA 2 due to time limitation.
4.2.6	International TA	WHO	7,345	 0%	Jan	2012	Plan to be carried out in APA 2 due to time limitation.
4.2.7	International meeting/ workshop	WHO	6,780	 0%	Feb	2012	Plan to be carried out due to time limitation.
4.2.8	International PMDT training & study visit	WHO	11,865	 0%	Nov	2011	Plan to be carried out in APA 2 due to time limitation.
4.2.9	PMDT clinical audit	WHO	12,199	 0%	Jan	2012	Plan to be carried out in APA 2 due to time limitation.
4.2.10	PMDT clinical audit : Follow up (I)	WHO	7,705	 0%	Jan	2012	Plan to be carried out in APA 2 due to time limitation.
4.2.11	PMDT clinical audit : Follow up (II)	WHO	5,136	 0%	Feb	2012	Plan to be carried out in APA 2 due to time limitation.
4.2.12	Develop MDR-TB counseling and case management	WHO	7,705	 0%	Feb	2012	Plan to be carried out in APA 2 due to time limitation.
4.2.13	External TA coordination and evaluation (I)	WHO	5,136	 0%	Nov	2011	Plan to be carried out in APA 2 due to time limitation.
4.2.14	External TA coordination and evaluation (II)	WHO	7,345	 0%	Jan	2012	Plan to be carried out in APA 2 due to time limitation.
4.2.15	Update PMDT Document	WHO	15,409	 50%	Jul	2011	Completed one of two PMDT technical guidelines books.
4.2.16	PMDT Monev meeting national level	WHO	20,545	 0%	Dec	2011	Plan to be carried out in APA 2 due to time limitation.
4.2.17	Internal TA for PMDT activities	WHO	35,441	 0%	Sep	2011	National Consultant is in place.
4.2.18	General Office Expenditures	WHO	7,833	 0%	Sep	2011	Plan to be implemented in next quarter.



Treatment  
(scale-up)










4.2.19	General managerial support by TB CARE focal point/project officer	WHO	11,300	 0%	Sep	2011	Plan to be implemented in next quarter.
4.2.20	Comprehensive Course on Clinical Management of Drug Resistant Tuberculosis	The Union	80,173	 0%	Sep	2011	to be implemented in Q4
4.2.21	Mentoring to the PMDT sites	The Union		 0%	Sep	2011	This activity has been cancelled before the submission of APA1 work plan
4.2.22	Training for treatment center and provincial team	KNCV	55,868	 0%	Sep	2011	to be implemented in Q4
4.2.23	Training for treatment sites	KNCV	18,304	 0%	Sep	2011	to be implemented in Q4
4.2.24	Training workshop for health center/ hospitals for suspects finding	KNCV	9,982	 25%	Sep	2011	TB CARE I supported : On the job training for : - 4 HCs in Malang district (first week of April) - 3 HC in Jombang and Kediri District which already received decentralize patient from Sutomo hospital and also facilitated HC training funded by GF-ATM, conducted in Surakarta for 8 HCs in several districts with MDR TB patient
4.2.25	Socialization through professional organization (IMA, PDPI) at new sites	KNCV	8,199	 25%	Sep	2011	TB CARE I facilitated in MDR TB socialization conducted by BBKPM Makassar for doctors and paramedics in South Sulawesi Province, conducted in fourth week of June 2011
4.2.26	PMDT dissemination of information	KNCV	7,955	 50%	Sep	2011	Support the IARW conference for Facilitator on MDR TB session.
4.2.27	Case findings	KNCV	27,273	 25%	Sep	2011	Finding : 105 suspect (cummulative 1265), 28 confirm MDR (cummulative 392), new patient enroll 20 patients (cummulative 272)
4.2.28	Follow up smear and cultures	KNCV	45,455	 25%	Sep	2011	Support follow up smear and culture for 230 patients still on treatment for regular basis
4.2.29	Sputum handling and transportation	KNCV	2,182	 25%	Sep	2011	Support sputum handling and transportation in Malang, Jakarta, Surabaya, Solo and Makassar
4.2.30	Home visit and contacts tracing	KNCV	1,136	 25%	Sep	2011	Funding for home visit activities and contract tracing if needed. Total 88 home visit supported during this quarter
4.2.31	Treatment support	KNCV	90,800	 25%	Sep	2011	Support treatment were given to 230 patient on treatment during this period.
4.2.32	Side effect management	KNCV	13,636	 25%	Sep	2011	51 patients need support in side effect management in this quarter












4.2.33	Laboratory examination for baseline and follow up	KNCV	34,091	 25%	Sep	2011	Baseline examination for 71 confirmed cases
4.2.34	Default tracing	KNCV	1,136	 25%	Sep	2011	19 Default tracing conducted, 3 confirmed as default cases.
4.2.35	Group activities	KNCV	2,386	 25%	Sep	2011	Conducted monthly in all sites
4.2.36	Individual activities and counseling	KNCV	568	 25%	Sep	2011	Conducted if needed, TB CARE provided staff functioned as counsellor in each PMDT sites except Makassar and Solo.
4.2.37	Patient empowerment	KNCV	152	 25%	Sep	2011	Support activities in Jakarta and Surabaya
4.2.38	Enabler for patient	KNCV	79,545	 25%	Sep	2011	Enabler given for 230 patients
4.2.39	Enabler for health worker	KNCV	14,205	 25%	Sep	2011	Enabler still given for health worker in 5 hospital and 42 HC in regular basis.
4.2.40	Shelter/dormitory facility	KNCV	6,818	 25%	Sep	2011	Support dormitory for 6 patients in Solo
4.2.41	PMDT Monev meeting Provincial level	KNCV	10,966	 25%	Sep	2011	Support PMDT M&E meeting in Jakarta at first week of June.
4.2.42	PMDT Monev meeting District level	KNCV	7,063	 25%	Sep	2011	Support PMDT M&E meeting in Malangat third week of May
4.2.43	Data validation at hospital	KNCV	3,892	 25%	Sep	2011	PMDT Data Validation conducted in Jakarta
4.2.44	Supervision and technical assistance from central level	KNCV	6,727	 25%	Sep	2011	Prepare the expansion plan for Central Java and follow up the problem solving on dormitory and clinical issues
4.2.45	Supervision from province to district and district to hospitals	KNCV	1,216	 25%	Sep	2011	Supervision was done to Central and East Java by provincial and district health staff
4.2.46	Web based surveillance system for PMDT	KNCV	17,273	 25%	Sep	2011	fully implemented in 4 sites (except Makasar)
4.2.47	Site preparation in hospitals	KNCV	22,727	 0%	Sep	2011	to be carried forwarded to APA 2 due to limited time for implementation
4.2.48	Site preparation in health centers	KNCV			Sep	2011	This activity has been cancelled before the submission of APA1 work plan


	4.2.49	Equipments	KNCV			Sep	2011	This activity has been cancelled before the submission of APA1 work plan
	4.2.50	Provide personal protection for health staffs and patients	KNCV	11,364	25%	Sep	2011	Personal Protection Device given for health worker in 5 hospital and 42 HC in regular basis.
	4.2.51	Technical assistance for TB-IC implementation	KNCV	7,773	25%	Sep	2011	East Java : TA for TB IC implementation given in an integral activities with supervision from central Level TA for HC with engineer consultant
	4.2.52	PMDT IEC material	KNCV	5,682	0%	Sep	2011	to be implemented in Q4
	4.2.53	PMDT infection control material	KNCV	5,682	0%	Sep	2011	to be implemented in Q4
	4.2.54	International TA	KNCV	15,788	0%	Sep	2011	to be carried forwarded to APA 2 due to limited time for implementation
				14%				

Outcomes	5. TB/HIV		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
	5.1.1	Support TB-HIV collaborative activities	WHO	1,926	25%	Sep	2012	TB CARE I supported and actively participated in TB-HIV Network meeting for high burden provinces, held in Jakarta. WHO delivered a presentation on Screening & Diagnosis TB among PLHIV.
	5.1.2	Technical Expert	WHO	38,138	0%	Sep	2011	Plan to be implemented in next quarter.
	5.1.3	Finalizing TB-HIV program management book	FHI	6,675	0%	Aug	2011	The activity will be implemented in Q4



Decreased TB  
burden among  
PLHIV
















5.1.4	Internal FHI TB-HIV monitoring & evaluation meeting	FHI	24,282		100%	Jun	2011	Attended by 20 participants. Meeting results: need to improve internal coordination, introduce TBCARE new mechanism which slightly different with TBCAP activity programming, letter from MoH is needed to stress the importance of using revised TB form that has collaborate HIV information in it, activities model are TA to strengthen and support the existing system, some indicators description still need to be discussed with MoH, refinement of TB-HIV and TB in prison activities for APA2
5.1.5	Finalizing IEC TB-HIV material for Papua	FHI	7,800		0%	Sep	2011	The activity will be implemented in Q4
5.1.6	Printing TB-HIV IEC material including forms & IEC for Papua	FHI	17,205		0%	Sep	2011	The activity will be implemented in Q4
5.1.7	TWG meeting at national and provinces	FHI	44,980		25%	Sep	2011	Central Java: Provincial TWG meeting, attended by 27 participants. Meeting results: Need to properly manage, compile and analyze TB-HIV RR to be reported to national level. Monitoring schedule to health facilities is being agreed and will be conducted by Provincial Health Office. Need to develop district/city and health facilities TB-HIV TWG.
5.1.8	TB-HIV monitoring & evaluation (program & clinical) meeting in 8 provinces	FHI	52,344		25%	Sep	2011	Riau Islands: Monitoring in Bintan District to 5 health facilities (Tanjunguban Hospital, Tanjunguban PHC, Kijang PHC, Toapaya PHC, Teluksasah PHC). It was done by DHO TB and HIV program manager with total participants of 17 people. Supervision result will be discussed in district M&E meeting. Monitoring in Tanjungpinang City to 6 health facilities (Tanjungpinang Hospital, Navy Hospital, Tanjungpinang PHC, Batu-10 PHC, Sei Jang PHC, Mekar Baru PHC). It was done by City HO TB and HIV program manager with total participants of 20 people. Supervision result will be discussed in district M&E meeting.
5.1.9	Internal coordination meeting in health facilities	FHI	2,205		25%	Sep	2011	West Papua: Internal coordination meeting in Remu PHC. Numbers of participants: 35. Meeting results: Need technical assistance to increase capacity of TB staff to offering HIV testing to all TB patients. Scalling up services to initiate ART for uncomplicated patient in PHC. Strengthened networking between referral hospital and PHC.
5.1.10	Strengthening TB-HIV information system	FHI	2,438		0%	Sep	2011	The activity will be implemented in Q4
5.1.11	Hiring TB-HIV Officer in 3 provinces (DKI, West Java, North Sumatera)	FHI			0%			This activity has been already cancelled before the submission of APA1 work plan
5.1.12	General Office Expenditures	FHI	95,865		50%	Sep	2011	The activity is in progress

	<b>5.1.13</b>	International travel	FHI	34,375	 0%			Not yet done
	<b>5.1.14</b>	Technical Officers, Program Manager and Supporting staff	FHI	192,835	 25%	Sep	2011	The activity is in progress
Decreased TB burden among PLHIV	<b>5.2.1</b>	Support TB-HIV collaborative activities	WHO	1,926	 0%	Sep	2011	support TB/HIV activities carried out in September 2011
	<b>5.2.2</b>	Workshop on TB-HIV algorithm	FHI	10,650	 0%	Sep	2011	The activity will be implemented in Q4
	<b>5.2.3</b>	TB-HIV training for HIV staff	FHI	31,279	 0%	Sep	2011	The activity will be implemented in Q4
	<b>5.2.4</b>	Training HIV rapid test & OI for lab technician	FHI	29,385	 0%	Sep	2011	The activity will be implemented in Q4
Decreased HIV burden among TB patients	<b>5.3.1</b>	Support TB-HIV collaborative activities	WHO	1,926	 0%	Sep	2011	support TB/HIV activities carried out in September 2011
	<b>5.3.2</b>	PITC training	FHI	35,355	 0%	Sep	2011	The activity will be implemented in Q4
	<b>5.3.3</b>	TB-HIV training for TB staff	FHI	32,753	 0%	Sep	2011	The activity will be implemented in Q4
	<b>5.3.4</b>	Counseling and case management training of counselor & social workers from MDR TB sites	FHI	12,592	 0%	Sep	2011	The activity will be implemented in Q4
					 13%			
















Outcomes	6. Health Systems Strengthening		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
	<b>6.1.1</b>	World TB Day	WHO	11,300	 100%	Mar	2011	Supported provision of TB Day materials.

Increased  
political  
commitment






<b>6.1.2</b>	Participate in TB CARE Consensus Meeting	The Union	11,080	 100%	Jan	2011	Jamsheed Chorr attended the meeting to represent The Union
<b>6.1.3</b>	Workshop / course on influencing, networking and Partnership	The Union	58,830	 0%	Sep	2011	The activity will be implemented in Q4
<b>6.1.4</b>	Participation in quickstart and APA 1 workplanning	MSH	5,868	 100%	Feb	2011	Claire Moodie led the quickstart and APA 1 workplanning for MSH. One visit was conducted in December 2010 to agree upon the SOW with USAID, the NTP and partners. MSH contributed budget and workplan input within the agreed upon timeline.
<b>6.1.5</b>	Participation in Consensus Building Workshop and workplan finalization	MSH	22,107	 100%	Jan	2011	Claire Moodie represented MSH in the consensus building workshop and workplan finalization. MSH APA 1 activities derived from consensus building workshop findings and discussions, as well as follow-on activities from TB CAP.
<b>6.1.6</b>	Participation in the JEMM as a drug management advisor	MSH	72,450	 100%	Feb	2011	Although the title only mentions the drug management advisor participation in JEMM, MSH contributed a drug management advisor and a financial advisor for the mission (with TB CARE I funds). Both participants contributed significantly to the findings of the JEMM final report, which should be released soon. (C. Moodie also participated in JEMM through TB CAP for MIS/M&E).
<b>6.1.7</b>	Conduct a study on economic loss due to TB, develop results into an advocacy tool for the NTP, Provinces and Districts, and disseminate tool to all levels.	MSH	47,972	 0%	Sep	2011	No activity in this quarter. We will do the design and start data collection in September 2011 and will carry out the rest of the work in APA 2 Q1.
<b>6.1.8</b>	Support Joint External Monitoring Mission	KNCV	61,560	 100%	Feb	2011	provide operational costs and fee for 5 interpreters for JEMM activity to 5 provinces (DKI Jakarta, North Sumatera, South Sulawesi, Papua, and East Java)
<b>6.1.9</b>	TB CARE Consensus Meeting	KNCV	29,450	 100%	Jan	2011	APA1 consensus meeting done in January 2011
<b>6.1.10</b>	Contribute to the World TB Day Commemoration	KNCV	80,451	 100%	Mar	2011	Pre National Congress has been successfully done, with remarks of Vice President of Republic of Indonesia, Ministry of health, and Coordinator of Ministry of welfare.
<b>6.1.11</b>	Conduct baseline data to identify TB allocation (providing baseline data in political commitment and financing)	KNCV	11,364	 0%			to be carried forwarded to APA 2 due to limited time for implementation






	<b>6.1.12</b>	Media workshop (sensitize media, journalist to TB and TB MDR issues)	KNCV	6,557	 0%			to be carried forwarded to APA 2 due to limited time for implementation
	<b>6.1.13</b>	Advocation workshop	KNCV	15,977	 0%			to be carried forwarded to APA 2 due to limited time for implementation
	<b>6.1.14</b>	Support the World TB Day Commemoration (WTBD)	FHI	5,655	 100%	Mar	2011	This activity has been done in Q2 through IEC development
	<b>6.1.15</b>	Involving one of FHI HQ staff as external reviewer in JEMM	FHI	9,410	 100%	Feb	2011	FHI participated in JEMM through TA of national staff
	<b>6.1.16</b>	Strengthening comprehensive and integrated services (CoPC)	FHI	1,575	 0%	Sep	2011	This activity will be implemented in Q4
	<b>6.1.17</b>	Participate in Consensus Meeting to develop Annual Workplan	ATS	12,838	 100%	Jan	2011	ATS participated in consensus meeting, represented by Fran du Melle and Phil Hopewell
	<b>6.1.18</b>	Participate in the JEMM	ATS	43,056	 100%	Feb	2011	ATS participated in JEMM, represented by Fran du Melle and Phil Hopewell
	<b>6.1.19</b>	Participation in TB CARE Consensus Meeting	KNCV	26,985	 100%	Jan	2011	TB CARE I supported the Consensus meeting with assistance of Dr Jeroen and Dr Salim from KNCV HQ
	<b>6.1.20</b>	Participation in the JEMM and HLM	KNCV	44,241	 100%	Feb	2011	TB CARE I supported JEMM through TA of Richard Lumb, Jeroen Van Gorkum, Steve Graham and Katrina
Strengthened leadership and management	<b>6.2.1</b>	Leadership and programme management training in low DOTS performance provinces and districts.	WHO	28,250	 0%	Mar	2012	plan to be carried forward due to time limitation
	<b>6.2.2</b>	Workshop on integrated planning & budgeting toolkit	MSH	38,464	 0%			No activity this quarter. We will conduct the workshop to develop a roll out plan in September 2011 (APA1)
	<b>6.2.3</b>	Workshop on integrated planning & budgeting toolkit	KNCV	5,298	 0%	Sep	2011	to be implemented in Q4
	<b>6.2.4</b>	TB-HIV program management workshop	FHI		 0%			This activity has been cancelled before the submission of APA1 work plan
	<b>6.3.1</b>	Empower Provincial Training Team (PTT)	WHO	13,483	 0%	Oct	2011	Plan to be carried forward due to time limitation.
	<b>6.3.2</b>	Support operation of TA	WHO	44,301	 0%	Sep	2011	Plan to be implemented in next quarter.












Strengthened  
HR capacity

6.3.3	International meeting/workshop	WHO	5,650	 0%	Jan	2012	Plan to be carried forward due to time limitation.
6.3.4	Develop data base for the trainees and post training evaluation.	WHO	10,517	 0%	Oct	2011	Plan to be carried forward due to time limitation.
6.3.5	Translation of WHO's HRD guideline	WHO	642	 100%	Apr	2011	Completed
6.3.6	Facilitate coordination between NTP and BPPSDM	WHO	4,109	 0%	Sep	2011	This activity will be conducted in September 2011
6.3.7	Mentoring implementation of HR plans	WHO	3,852	 0%	Dec	2011	Plan to be carried forward due to time limitation.
6.3.8	External TA to finalize TB HRD in strategic plan and TB HRD action plan	WHO	7,345	 0%	Sep	2011	plan to be implemented in next quarter
6.3.9	Internal TA for HRD activities	WHO	37,752	 0%	Dec	2011	Plan to be carried forward due to time limitation.
6.3.10	General Office Expenditures	WHO	8,989	 0%	Sep	2011	Plan to be implemented in next quarter.
6.3.11	General managerial support by TBCARE focal point/project officer	WHO	11,300	 0%	Sep	2011	Plan to be implemented in next quarter.
6.3.12	Technical Expert	WHO	33,900	 0%	Sep	2011	Plan to be implemented in next quarter.
6.3.13	External TA from HQ for country support	WHO		 0%			The activity has already been abolished before the final submission of APA 1.
6.3.14	Training of Trainers for master trainers	The Union	63,433	 0%	Sep	2011	Plan to be implemented in next quarter.
6.3.15	Design Counseling training for Staff in health services to be conducted by master trainers	The Union		 0%	Sep	2011	Plan to be implemented in next quarter.
6.3.16	Design Standardized TB Curriculum in medical schools in Indonesia	The Union	44,161	 0%	Sep	2011	Plan to be implemented in next quarter.
6.3.17	International training/conferences	KNCV	67,126	 25%	Sep	2011	TB CARE I supported 1 KNCV TO to attend PQM and SPS Regional Workshop for Pharmaceutical Management and quality Assurance for TB and MDR TB Medicines in Southeast Asia, 20-24 June 2011 held in Vientiane, Laos PDR



















	<b>6.3.18</b>	Technical update meeting	KNCV	13,000	 25%	Sep	2011	Personnel Manager and M&E Officer of KNCV participated in USAID environmental compliance training on 23-24 June 2011
	<b>6.3.19</b>	Standardize ACDA module and curricula	KNCV	72,330	 50%	Jul	2011	TB CARE I supported Workshop on development of ACDA training Curricula and Guidelines held in Jakarta on 13-17 June 2011. This workshop was participated by 26 people from NTP, HR- MoH, TB Working Groups, Professional Associations and also technical assistance by Jan Voskens (KNCV consultant)
	<b>6.3.20</b>	Develop HR recruitment tool for technical/ supporting staffs in program	KNCV	15,724	 25%	Sep	2011	Preparation phase on drafting the Term of Reference
	<b>6.3.21</b>	Capacity building for technical staffs	KNCV	25,219	 0%	Sep	2011	to be implemented in Q4
				 <b>36%</b>				

Outcomes	7. M&E, OR and Surveillance		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
M and E	<b>7.1.1</b>	Monthly coordination meeting	KNCV	10,369	 50%	Sep	2011	TB CARE I Partnership meeting conducted in monthly basis.
	<b>7.1.2</b>	Biannual money meeting	KNCV	77,273	 50%	Sep	2011	KNCV conducted internal staff's meeting in Jakarta on 9-10 June 2011 with objectives : · To give an update of the organization structure system, personnel, administration and finance guideline for TB CARE. · To socialize and disseminate the TB CARE APA 1 Work Plan · To gather the inputs from all staffs in regards APA 2 Work Plan identification
	<b>7.2.1</b>	Support generating TB data for global report.	WHO	1,027	 0%	Dec	2011	Plan to be carried forward due to time limitation
	<b>7.2.2</b>	Technical assistance to DRS (I)	WHO	7,345	 25%	Aug	2011	Support in drafting DRS protocol.
	<b>7.2.3</b>	Technical assistance to DRS (II)	WHO	1,541	 0%	Nov	2011	Plan to be carried forward due to time limitation





7.2.4	Technical assistance to DRS (III)	WHO	1,027	 0%	Mar	2012	Plan to be carried forward due to time limitation
7.2.5	Technical assistance to DRS (IV)	WHO	5,650	 0%	Mar	2012	Plan to be carried forward due to time limitation
7.2.6	Provide technical assistance to design and develop protocol for prevalence survey. (I)	WHO	7,345	 25%	Dec	2011	Dr Ikushi Onozaki from WHO HQ visited and provided technical assistance in finalizing protocol of TB prevalence survey with WHO self support.
7.2.7	Provide technical assistance to design and develop protocol for prevalence survey. (II)	WHO	5,650	 0%	Dec	2011	Plan to be carried forward due to time limitation
7.2.8	Observation visit to Cambodia TB prevalence survey	WHO	8,475	 0%	Nov	2011	Plan to be carried forward due to time limitation
7.2.9	Internal TA for Surveillance activities	WHO	35,441	 0%	Sep	2011	National Consultant is in place.
7.2.10	General Office Expenditures	WHO	1,284	 0%	Sep	2011	Plan to be implemented in next quarter.
7.2.11	General managerial support by TB CARE focal point/project officer	WHO	11,300	 0%	Sep	2011	Plan to be implemented in next quarter.
7.2.12	Technical Expert	WHO	33,900	 0%	Sep	2011	Plan to be implemented in next quarter.
7.2.13	Finalize the user's guide and manual of e-TB Manager in English and Bahasa Indonesia to reflect all changes or improvements done to the system after the validation phase is terminated.	MSH	4,514	 50%	Sep	2011	New functionalities were implemented, however the new version of the user's guideline (in English) as soon as it is finished by the MSH editorial team responsible for it (other changes are expected to be made on the DM module - we are waiting for the requested format of specific reports from NTP).
7.2.14	Support upcoming trainings on SLDs guidelines and e-TB Manager use for the new PMDT sites according to the PMDT expansion plan.	MSH	39,169	 0%	Sep	2011	No new trainings for the e-TBM expansion plan were provided during the last quarter.

Surveillance  
and  
Information

<b>7.2.15</b>	Train the new local NTP programmer in Java (high quality course), followed by on-the-job training on the database and e-TB manager structures.	MSH	18,783	 25%	Sep	2011	The IT team was prepared to provide the training, but still the NTP didn't complete the hiring process (currently the programmer isn't a NTP employee), which caused a delay on the programmer training, but interactions happened with the new programmer and MSH IT team-Brazil is ready to host new programmer at best NTP convenience.
<b>7.2.16</b>	Ongoing remote and in-country technical assistance to strengthen the e-TB manager system for SLDs.	MSH	10,888	 50%	Sep	2011	Regular verification of the data inserted in the e-TBM platform have been performed, and specific reports generated in order to correct any inconsistency. Implementation of the modifications required from the last mission and the new functionality (the complete list is in annex 7 of MSH team last trip report), which basically allows the user the chance of tagging the cases according to the country's needs. Update of the system's messages were also implemented in Bahasa. RPROJ Monitoring system implemented to follow-up on potential bugs reported, changes and requests of improvement - further training need to be done on how to use this tool to improve communication between developers and system's users.
<b>7.2.17</b>	Provide technical assistance for data extraction and support for data analysis to the	MSH	26,719	 50%	Sep	2011	A roadmap with indicators was developed and sent to be analyzed by the NTP/KNCV team - waiting for feedback.
<b>7.2.18</b>	Invite Indonesian NTP and PMDT representatives to present their results and	MSH	8,285	 50%	Sep	2011	The official invitation was made on the previous mission - time slot for presentation in our workshop allotted already.
<b>7.2.19</b>	Organize a workshop with experts on e-surveillance options for Indonesia, including exploring the feasibility of using e-TB Manager as an information system for supporting susceptible TB monitoring and FLDs management.	MSH	64,171	 0%	Sep	2011	Activity to be planned for September - currently being discussed with KNCV and Nico Kalisvaart.
<b>7.2.20</b>	Protocol development for DRS sentinel surveillance	KNCV	7,851	 0%			to be implemented in Q4
<b>7.2.21</b>	Socialization of DRS sentinel surveillance protocol	KNCV	5,533	 0%			Plan to be carried forward due to time limitation
<b>7.2.22</b>	Protocol development for sentinel surveillance for HIV among TB patients	KNCV	20,602	 0%			Plan to be carried forward due to time limitation
<b>7.2.23</b>	Input TB information system into National Health system	FHI	1,395	 0%	Sep	2011	The activity will be implemented in Q4







<b>7.2.24</b>	Input TB information system into MoL&HR	FHI	954	 0%	Sep	2011	The activity will be implemented in Q4
<b>7.2.25</b>	M&E Officer for developing TB-HIV Information system	FHI	15,037	 0%	Sep	2011	The person is planned to be hired before end of September.
<b>7.2.26</b>	General Office Expenditures	FHI	27,039	 50%	Sep	2011	Already expend 50%, will be completed in Sep 2011
<b>7.2.27</b>	National M&E Officer	FHI	23,471	 50%	Sep	2011	Already expend 50%, will be completed in Sep 2011
<b>7.2.28</b>	International TA	KNCV	38,334	 50%	Sep	2011	<p>Mission of Nico Kalisvaart on 25 May - 3 June 2011. The specific objectives are:</p> <ol style="list-style-type: none"> <li>1. To provide technical assistance and to advise on the next steps of the further development of the national surveillance system;</li> <li>2. To involve the staff members at field level as much as possible and to collect their input during field visits to TB facilities as well as TB participants at commune level;</li> <li>3. To provide technical assistance to advice on TB data management and surveillance activities in general.</li> </ol> <p>Outputs :</p> <ul style="list-style-type: none"> <li>• Provided technical assistance on the further development of the national surveillance system;</li> <li>• Defined next steps of the development;</li> <li>• Defined headlines for the development plan (outlines of the goal, objectives and strategy including timelines);</li> <li>• Workshop with stakeholders conducted;</li> <li>• Field visit(s) conducted</li> </ul>
<b>7.3.1</b>	Assessment for establishing institutionalized TB research network	KNCV	6,398	 0%	Sep	2011	This activity will be conducted after the completion of website.
<b>7.3.2</b>	Develop database and retrieval method of documentation of Indonesian TB research	KNCV	1,948	 25%	Sep	2011	TB CARE I supported NTP in collecting the materials for web content and draft of content has been finalized

Strengthening  
the TB  
research  
network












7.3.3	Support basic operational cost of TORG	KNCV	14,568	 75%	Sep	2011	<p>- Participated in TORG Adhoc meeting, 10 May 2011 in Jakarta. Discussed the activity plan for Operational Research during APA I. The TORG chairman presented the KAP survey plan for Private Practitioners which funded by GF.</p> <p>- Facilitated the TORG Pleno meeting, participated by TORG, NTP, Nico Kalisvaart, WHO and FHI. Objectives : To get inputs from participants related to all OR activities funded by TB CARE, and also KAP survey which funded by GF. The result of the meeting : list of provinces that will be invited in Policy brief workshop , time plan for the activity defined, mechanism for collecting the data and interactive menu for TORG web base has been decided, and finalized the TOR for OR 7 and 8</p> <p>- 23 June 2011, the adhoc meeting has been conducted to discuss some issues related to preparation for genexpert ethical clearance, Private Practitioners KAP Survey implementation in the field, and finalize the time schedule for publication writing workshop, OR for batch 7 and 8</p> <p>- Participated in Prevalence Survey meeting to finalize the protocol as well as the budget</p>
7.3.4	Promote membership to the IUATLD	KNCV	182	 0%	Jan	2012	The list of candidate name for the membership has been decided , but NTP consider about the membership validity that will be ended in December 2011. It was suggested that the membership will be proposed for the next year and add more people to get the membership. The registration should be early of the year to get the maximum membership duration.
7.3.5	Workshop on developing policy brief and effective advocacy of research results	KNCV	13,003	 100%	Jun	2011	The workshop on developing policy brief has been conducted in West Java on 22- 25 June 2011. This workshop was attended by 16 people from 8 provincial OR teams from Aceh, W. Sumatera, Jambi, W. Java, DKI, S.E Sulawesi, Bengkulu and Bali. Nine of policy briefs from each OR team has been drafted and participants get the additional knowledge in utilizing the Stata10 as the tool to manage data.
7.3.6	Workshop and follow up for publication writing and submission for previous OR teams	KNCV	27,131	 50%	Aug	2011	<p>The workshop is still in preparation phase ( preparation of TOR, participant list and agenda ). Next Step : Invite participants / OR team from 8 provinces , consist of University and PHO staff. The workshop will be conducted on 8- 13 August 2011.</p> <p>It is expected that PMU consultants for OR, Marieke and Edine are able to come to provide TA to this workshop.</p>
7.3.7	Supporting submission of research papers for international conferences and journals.	KNCV	17,045	 0%	Sep	2011	Candidate selection is in progress

	<b>7.3.8</b>	Support book publications and dissemination of selected TB operational research.	KNCV	19,163	25%	Sep	2011	Supporting NTP in collecting data for OR collection book. The workshop will be conducted in September 2011. The TOR has been finalized. Next step: Workshop preparation process (submit the invitation)
	<b>7.3.9</b>	Conducting research proposal workshop & facilitating conduction of operational research up to analysis and reporting.	KNCV	99,218	25%	Aug	2011	TB CARE supported NTP in calling for proposal to OR team in the provinces (both provincial health office and university). The expected topics of the research are : 1. Enhance program expansion 2. Improvement of care 3. Management of program
Supported operational research projects in the priority topics	<b>7.4.1</b>	Technical support for operational research on TB and diabetic.	WHO	385				The activity has been abolished before the final submission of APA 1
	<b>7.4.2</b>	Provide technical input in IPT OR.	WHO	385				The activity has been abolished before the final submission of APA 1
	<b>7.4.3</b>	Supporting selected research projects, based on the priority topics.	KNCV	60,633	25%	Aug	2011	The workshop for cohort research planned to be conducted paralel with OR & ( short term research). Calling for proposal phase.
	<b>7.4.4</b>	Workshop preparation for IPT OR	FHI	7,530	0%	Sep	2011	The activity will be implemented in Q4
	<b>7.4.5</b>	Workshop for preparation of PPM OR	ATS					This activity has been cancelled before the submission of APA1 work plan
	<b>7.4.6</b>	International TA	KNCV	29,248	0%			to be implemented in Q4
					18%			





Outcomes	8. Drug supply and management		Lead Partner	Approved Budget	Cumulative Completion	Planned Completion		Cumulative Progress and Deliverables up-to-date
						Month	Year	
	<b>8.1.1</b>	Participation in the Manila Global Fund meeting as a PSM advisor for the NTP	MSH	11,622	100%	Jun	2011	Grant negotiations for SSF (Round 8, phase two & 10) conducted with GFATM in Jakarta, June 2011. Redraft of PSM plan completed.












<b>8.1.2</b>	Develop a strategic framework and long-term action plan for drug management activities.	MSH	161,194	 50%	Sep	2011	Draft plan developed and circulated. To be finalized and signed off, in conjunction with the appointment of the Resident Advisor, under APA2.
<b>8.1.3</b>	Conduct supervisory visits with NTP and BINFAR (2) and provide TA on improving supervision, including planning, mentoring and follow-up.	MSH	22,920	 0%	Sep	2011	Awaiting placement of the Resident Advisor for TB Pharmaceutical Management in country
<b>8.1.4</b>	Shorten the customs clearance process time of all imported commodities either by advocating for a revision of customs clearance procedures/policies and/or assign imports to an NGO for importation.	MSH	21,852	 75%	Sep	2011	Tracking of customs clearance activity since March 2011 completed by NTP with MSH support & problems identified for subsequent review with BINFAR and other stakeholders (now due July 2011).
<b>8.1.5</b>	Provide TA to ensure the good storage and distribution of all Provincial and District Public Health commodity warehouses.	MSH	19,170	 0%	Sep	2011	Awaiting placement of the Resident Advisor for TB Pharmaceutical Management in country
<b>8.1.6</b>	Assist NTP & MoH/Pharmacy to design a system to encourage the proper use of TB drugs used in the private medical/pharmacy sector.	MSH	20,321	 0%	Sep	2011	Initial meeting with Pharmacy Association planned together with NTP for July 2011 utilizing the new NTP "Six Pillars" model. Substantive follow-on work envisioned under APA 2.
<b>8.1.7</b>	Continue to provide technical assistance for revision and finalization of the GF Round 10 PSM plan.	MSH	47,623	 100%	Sep	2011	Activity completed in June 2011. Grant sign off imminent (as of July 2011); also, drug management component of Country Profile drafted, April 2011.
<b>8.1.8</b>	Assist the NTP in finalizing and signing a contract for storage and distribution of donated imported TB medications and testing materials	MSH	20,511	 25%	Sep	2011	Ongoing and awaiting placement of the Resident Advisor for TB Pharmaceutical Management in country

Uninterrupted supply of quality TB drugs and commodities

<b>8.1.9</b>	Assist in the coordination of active players who will provide active support to the 3 Indonesian TB Drug Manufacturers in meeting WHO pre Qualification status in coordination with USP and the NTP.	MSH	17,830	 0%	Sep	2011	Awaiting placement of the Resident Advisor for TB Pharmaceutical Management in country
<b>8.1.10</b>	Drug quality Assurance	KNCV	48,682	 0%			To be carried forwarded to APA 2 due to limited time for implementation
<b>8.1.11</b>	Printing and Distribution Standard Operating Procedure for Logistict Book	KNCV	11,080	 0%	Sep	2011	to be implemented in Q4
<b>8.1.12</b>	Warehouse Management Assessment	KNCV	2,125	 0%			cancelled by NTP
<b>8.1.13</b>	Pharmacist Training	KNCV	45,478	 0%			To be carried forwarded to APA 2 due to limited time for implementation
<b>8.1.14</b>	Logistic Training	KNCV	14,446	 25%	Sep	2011	- facilitated two logistic trainings funded by GF in Makasar and Lampung and one national logistic training in West Java, participated by all district TB supervisors and pharmacists
<b>8.1.15</b>	Supervision to Province and District	KNCV	38,250	 0%			To be carried forwarded to APA 2 due to limited time for implementation
<b>8.1.16</b>	Develop SOP Book for Secound Line Drug	KNCV	10,411	 0%	Sep	2011	to be implemented in Q4
<b>8.1.17</b>	Revise Training Moduel SLD	KNCV	10,423	 0%	Sep	2011	to be implemented in Q4
<b>8.1.18</b>	Retraining of 4 Province based on New Training Module	KNCV		 0%			This activity has been cancelled before the submission of APA1 work plan
<b>8.1.19</b>	Obtain Government Support to Improve Custom Clearance Process and Assist Documentation of SLD Side Effects Reporting	KNCV		 25%	Sep	2011	TB CARE I assisted NTP in : - finalizing narrative, quantification and explaining justification to Global Fund (GF) Local Fund Agent regarding the Procurement and Supply Management Plan Round 8 Phase 2 and Round 10 with TA of Andy Marsden (MSH consultant)  - custom cleareance process for Second line TB drugs. The drugs was released on 13 june 2011



	8.1.20	Operational Cost for Drug Management Activities to Support NTP	KNCV	5,234	 25%	Sep	2011	<p>TB CARE I assisted NTP in :</p> <ul style="list-style-type: none"> <li>- procurement of 19,350 tablets of levofloxacin for NTP to avoid stock out, funded by USAID. The drug was supplied from PT.Indofarma (local vendor)</li> <li>- quality assurance for Reagent Zielnielsen. The sample was taken from BBLK Surabaya</li> <li>- accompany Democratic People Republic of Korea (DPR Korea) team. Aim of this visit are: conduct observation about TB Programme in Indonesia, implementation EQAS, networking of laboratory, Surveillance system, Global Fund Project, etc</li> <li>- Human Resource Capacity Assessment in Supply Chain Management at the Ministry of Health</li> </ul> <p>TB CARE I facilitated ToT in logistic for 8 TB provincial supervisors and Pharmacists</p> <p>TB CARE I supported assessment to NTP and provide draft report to be compiled with source from another directorate.</p>
	8.2.1	Placement of a full-time drug management expert in country	MSH	3,408	 75%	Mar	2011	Position posted and interviews conducted. Top candidates shared with USAID. Final decision and offer in process.
	8.2.2	Support the use of e-TB manager to track the use of second line medications and to use this data for quantification of future medication needs.	MSH	13,702	 25%	Sep	2011	Ongoing. Will continue into APA 2.
	8.2.3	Monitor drug stocks of provinces/districts on a monthly basis as an early warning monitoring system. Create competition between districts for stock out and manual reporting information.	MSH	4,149	 0%	Sep	2011	Not yet started. Will continue in Q4 and APA 2.

Improved DMIS	8.2.4	Conduct workshop for the Pharmacists Association (IAI) to discuss proper, standard TB treatment and to provide technical assistance to IAI on disseminating this information to their member pharmacies.	MSH	35,781	 0%	Sep	2011	to be implemented in Q4 or APA 2
	8.2.5	Workshop e-TB Manager	KNCV	19,031	 0%	Sep	2011	to be implemented in Q4
	8.2.6	Training e-TB Manager on MDR TB	KNCV	21,957	 0%	Sep	2011	to be implemented in Q4
	8.2.7	Regular Meeting with NTP	KNCV	3,188	 50%			To be carried forwarded to APA 2 due to limited time for implementation
	8.2.8	Recruit Data Officer	KNCV		 0%			This activity has been cancelled before the submission of APA1 work plan
	8.2.9	Workshop for Pharmacist Association to Discuss standard TB treatment.	KNCV	17,253	 25%	Sep	2011	to be implemented in Q4
	8.2.10	Refrigerator	KNCV	7,955	 0%	Sep	2011	to be implemented in Q4
	8.2.11	Drugs Box	KNCV	2,273	 0%	Sep	2011	to be implemented in Q4
	8.2.12	Recruit one person for Binfar Directorate	KNCV		 0%			This activity has been cancelled before the submission of APA1 work plan
	8.2.13	Workshop for Decision Makers to Support e-TB Manager	KNCV		 0%			This activity has been cancelled before the submission of APA1 work plan
					 18%			

## Quarterly Activity Plan Modifications

Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	1. Universal and Early Access	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan						
			1.3.1	Training of supervisory skills to HDL supervisors.	WHO	33,772				
			1.3.2	Quarterly periodic visit by HDL supervisors to assist hospitals deliver quality services.	WHO	4,494				
			1.3.15	Develop standard of TB care in hospital	WHO	14,190				
			1.3.16	Training for TB DOTS accreditation surveyors	WHO	23,438				
			1.3.17	Try out of TB DOTS accreditation instrument.	WHO	3,392				
			1.3.24	Workshop on ISTC	WHO	11,032				
Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	2. Laboratories	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan						
			2.1.1	Development of Microscopic SOP according to TBCAP lab tools	KNCV	5,633				
			2.1.5	LQAS workshop in 2 new provinces	KNCV	48,335				
			2.1.12	Establish intermediate laboratory in 3 provinces	KNCV	9,455				
			2.2.2	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	3,390				
			2.2.4	Coordination of Lab network among NTP, Lab Division-MoH, TBCARE partners and EXPAND-TB	WHO	10,170				
			2.2.6	Develop culture/DST SOP according to TBCAP lab tools	KNCV	5,677				
			2.2.7	Finalization of culture/DST guideline	KNCV	5,677				
Request for Cancellation or Discontinuation of Activities										
Approved By (write dates)			Old Code	4. PMDT	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID		Activities from the Work Plan						
			4.1.1	TA on incorporation of new rapid diagnostics in national PMDT	WHO	10,170				
			4.2.2	Pre assessment meeting	WHO	5,008				

			4.2.3	Assessment to newly selected sites (6 sites)	WHO	11,557				
			4.2.5	Post assessment meeting	WHO	18,902				
			4.2.6	International TA	WHO	7,345				
			4.2.7	International meeting/ workshop	WHO	6,780				
			4.2.8	International PMDT training & study visit	WHO	11,865				
			4.2.9	PMDT clinical audit	WHO	12,199				
			4.2.10	PMDT clinical audit : Follow up (I)	WHO	7,705				
			4.2.11	PMDT clinical audit : Follow up (II)	WHO	5,136				
			4.2.12	Develop MDR-TB counseling and case management	WHO	7,705				
			4.2.13	External TA coordination and evaluation (I)	WHO	5,136				
			4.2.14	External TA coordination and evaluation (II)	WHO	7,345				
			4.2.16	PMDT Money meeting national level	WHO	20,545				
			4.2.47	Site preparation in hospitals	KNCV	22,727				
			4.2.54	International TA	KNCV	15,788				

### Request for Cancellation or Discontinuation of Activities

Approved By (write dates)			Old Code	6. Health Systems Activities from the Work Plan	Lead Partner	Remaining Budget	New Code	Replace with the following activity (if any)	Lead Partner	Proposed Budget*
Mission	PMU	USAID								
			6.1.11	Conduct baseline data to identify TB allocation (providing baseline data in political commitment and financing)	KNCV	11,364				
			6.1.12	Media workshop (sensitize media, journalist to TB and TB MDR issues)	KNCV	6,557				
			6.1.13	Advocacy workshop	KNCV	15,977				
			6.2.1	Leadership and programme management training in low DOTS performance provinces and districts.	WHO	28,250				
			6.3.1	Empower Provincial Training Team (PTT)	WHO	13,483				
			6.3.3	International meeting/workshop	WHO	5,650				
			6.3.4	Develop data base for the trainees and post training evaluation.	WHO	10,517				
			6.3.7	Mentoring implementation of HR plans	WHO	3,852				

			6.3.9	Internal TA for HRD activities	WHO	37,752				
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### Request for Cancellation or Discontinuation of Activities

Approved By (write dates)			Old	7. M&E, OR and Surveillance	Lead	Remaining	New	Replace with the following	Lead	Proposed
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	Budget	Code	activity (if any)	Partner	Budget*
			7.2.1	Support generating TB data for global report.	WHO	1,027				
			7.2.3	Technical assistance to DRS (II)	WHO	1,541				
			7.2.4	Technical assistance to DRS (III)	WHO	1,027				
			7.2.5	Technical assistance to DRS (IV)	WHO	5,650				
			7.2.7	Provide technical assistance to design and develop protocol for prevalence survey. (II)	WHO	5,650				
			7.2.8	Observation visit to Cambodia TB prevalence survey	WHO	8,475				
			7.2.21	Socialization of DRS sentinel surveillance protocol	KNCV	5,533				
			7.2.22	Protocol development for sentinel surveillance for HIV among TB patients	KNCV	20,602				

### Request for Cancellation or Discontinuation of Activities

Approved By (write dates)			Old	8. Drug supply and	Lead	Remaining	New	Replace with the following	Lead	Proposed
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	Budget	Code	activity (if any)	Partner	Budget*
			8.1.10	Drug quality Assurance	KNCV	48,682				
			8.1.13	Pharmacist Training	KNCV	45,478				
			8.1.15	Supervision to Province and District	KNCV	38,250				
			8.2.7	Regular Meeting with NTP	KNCV	3,188				


\* Detailed budget is attached


Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old	2. Laboratories	Lead	Remaining
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	Budget
			2.1.3	LQAS workshop for East Java province	KNCV	20,932
			2.1.7	Training smear microscopy for lab technician in selected hospitals	KNCV	25,641
Request for Postponement of Activities to Next Year						
Approved By (write dates)			Old	8. Drug supply and	Lead	Remaining
Mission	PMU	USAID	Code	Activities from the Work Plan	Partner	Budget
			8.1.12	Warehouse Management Assessment	KNCV	2,125

Request for Adding New Activities to the Current Work Plan						
Approved By (write dates)			New	2. Laboratories	Lead	Proposed
Mission	PMU	USAID	Code	Proposed New Activities	Partner	Budget*

\* Detailed budget is attached

**Quarterly Photos (as well as tables, charts and other relevant materials)**

NO	TECHNICAL AREAS	PROGRESS/ PHOTOS CAPTURED	
1	<b>Universal Access</b>	M&E meeting with Pulmonologists and Hospital Representatives in Jakarta	

2	<b>Universal Access</b>	Coordination Meeting between ATS, PDPI, NTP, DKI Jakarta Provincial Health Office	
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3	<b>Lab</b>	Handing over of the new TB lab in BLK Semarang held on 21 June 2011	
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4	Lab	Stakeholders meeting on GenXpert on 13-14 June , held in Jakarta	
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3	<b>M&amp;E, OR and Surveillance</b>	KNCV internal staff's meeting in Jakarta on 9-10 June 2011	 A photograph showing a group of people, mostly men, seated around a large, dark conference table in a meeting room. They appear to be engaged in a discussion or presentation. In the background, a banner is visible with the text "KNCV Internal Staff Meeting" and "Jakarta, 9-10 June 2011". The room has wood-paneled walls and a chandelier.
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